Supplement Two to **Accessing Services and Resources for Persons with Suspect or Active Tuberculosis Disease or Latent Tuberculosis Infection (LTBI)**, a Guideline for Establishing Effective Policies, Procedures and Practices

Important Considerations when Using RIF-PZA for LTBI Treatment

effective November 19, 2002

CDC has revised their recommendations for the use and clinical monitoring of the rifampin-pyrazinamide treatment regimen for latent tuberculosis infection (LTBI). These changes are indicated due to fatal and severe liver injuries associated with this regimen. Please review the following information carefully and ensure their medical provider is aware of these changes. **Face-to-face monitoring for medication side effects is crucial to quality patient care for anyone on treatment for LTBI.**

1. Exercise extreme caution when using a rifampin and pyrazinamide (RIF-PZA) regimen in those who are currently taking medications associated with liver injury or in those with a history of alcoholism, even if alcohol consumption is stopped during treatment.

2. RIF-PZA is NOT recommended for persons with underlying liver disease or for those who have had an INH-associated liver injury.

3. Educate providers to ensure that the dosage of PZA is at the lowest therapeutic, deliverable level, keeping in mind that tablets contain 500 mg.

4. **Deliver no more than two weeks of RIF-PZA at a time.**

5. Perform an in-person reassessment of patients taking RIF-PZA **every two weeks throughout treatment** for adherence, tolerance, and adverse effects. (Note: The clinical condition of the person may indicate more frequent monitoring.) At each visit, instruct the patient, in a language they understand, to stop taking RIF-PZA immediately and seek medical consultation if abdominal pain, emesis, jaundice, or other hepatitis symptoms develop. Health care provider continuity is recommended for monitoring.

6. Provide or arrange for serum aminotransferase (AST and/or ALT) and bilirubin measurements at baseline and every two weeks throughout treatment for patients taking RIF-PZA.

7. **Stop treatment with RIF-PZA and do not resume** with any of these findings:
   A serum bilirubin greater than normal range, aminotransferase (AST or ALT) greater than five times the upper limit of normal range in a person without symptoms, or aminotransferase (AST or ALT) greater than normal range when accompanied by symptoms of hepatitis.

8. When performing the in-person reassessment at the end of treatment for patients taking RIF-PZA**,** document clinical condition and treatment completion.

Recommended reading:
Update: Fatal and Severe Liver Injuries Associated with Rifampin and Pyrazinamide for the Treatment of Latent Tuberculosis Infection, and Revisions in American Thoracic Society/CDC Recommendations - United States, 2001."
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5034a3.htm

"Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection"
http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4906a1.htm

"Fatal and Severe Hepatitis Associated With Rifampin and Pyrazinamide for the Treatment of Latent Tuberculosis Infection - New York and Georgia, 2000 "
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5015a3.htm